



Assessment Summary

Client Name: Josiah Garcia

Date Completed: 5/3/2023

Assessment Type:

☒ Diagnostic Assessment ☐ Substance Abuse Assessment ☐ ASAM

Level of Care (SUD only): NA

Are further services recommended? ☐ Yes ☐ No

☒ Outpatient MH Counseling ☐ Outpatient SUD Counseling- ☐ Psychiatric Services
☐ CPST/Case Management ☐ Peer Support ☐ Supported Employment
☐ SUD MAT Services ☐ SUD IOP ☐ Thinking for A Change

Other: NA

Next Appointment If Scheduled: NA

Comments: Clt came in for dx assessment. Clt will be referred for counseling, but will have to wait for a counseling.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230 N. Columbus St. Ste. 2 Lancaster, Ohio 43130 p-740.901.3150 f-740.808.8172	437 Hill Road North Pickerington, Ohio 43147 p-614.834.1919 f-614.834.1920	2652 Kull Rd. Lancaster, Ohio 43130 p- 740.277.6733 f- 740.277.7020	2680 & 2660 Kull Rd. Lancaster, Ohio 43130 p-740-277-6166 f- 740-277-6700	1550 Sheridan Dr Ste. 202 Lancaster, Ohio 43130 p-740-808-8371 f- 740-785-4924

Report Completed by: Stacey Hunsfornk LISW